



Governed or self-governed? The challenge of coordination in European public hospital systems

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1. Structural reform and public hospital autonomy

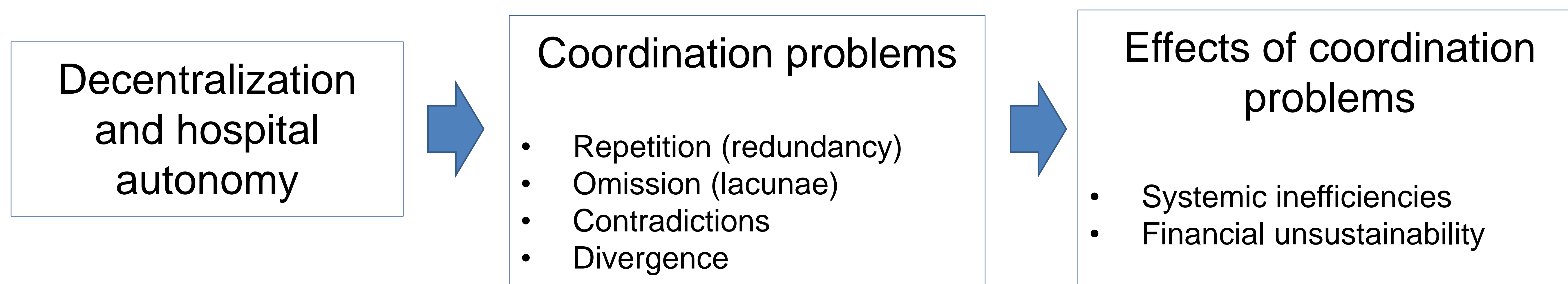
The *good* news

- Improved the sense of hospital-level **ownership**
- Improved hospital **management processes**
- Enhanced **organizational identity**
- Increased **motivation** to perform and to keep up with other hospitals
- Likely positive impacts on **quality of care**, but evidence on outcomes such as quality of care is mixed and overall less convincing than evidence on processes

The *bad* news

- Challenged national (central) **coordination and governance**
- Raised concerns about the **efficiency** of hospital systems as a whole and **financial sustainability**
- Gave rise to **competition** between public hospitals for financial resources and medical staff
- Raised concerns about **overprovision** of services and a “**chase after money**” at the expense of **collaboration** between hospitals and **patients’ interests**

2. Framework for assessing central coordination of public hospitals



3. Explanatory factors

- Principal-agent theory: positive incentives and sanctions, conflicting interests and goals, incomplete information and monitoring
- Sociological institutionalism: “hospital system culture”

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